

Cynulliad Cenedlaethol Cymru | National Assembly for Wales

Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and Education Committee

Gwaith dilynol ar Ymchwiliad y Pwyllgor Plant, Pobl Ifanc ac Addysg i Wasanaethau Mabwysiadu yng Nghymru | Follow-up to Children, Young People and Education Committee's Inquiry into Adoption Services in Wales

AS 12

Ymateb gan : Cymdeithas Maethu a Mabwysiadu Cymru

Response from : The Association of Fostering and Adoption (AFA) Cymru

Overview Question

What are your views in the Welsh Government's progress in respect of the 16 recommendations and the 25 'detailed actions' set out on pages 5-11 of the [Committee's report](#).

Context

The Association of Fostering and Adoption (AFA) Cymru was established on 7th September 2015. It was formed following the closure of The British Association of Adoption and Fostering (BAAF) which went into administration on 31st July 2015. BAAF Cymru received Core Grant funding from Welsh Government and following a transparent tendering process St.David's Children Society was awarded the funds to continue the elements of BAAF Cymru which delivered independent advice, training and consultancy across the permanency spectrum. Whilst hosted by St.David's, AFA Cymru's operational delivery of these services is entirely separate to the core functions of St.David's and they have submitted a separate response to the follow up Committee of Inquiry.

Within the context of our service portfolio as a knowledge hub and best practice centre for permanence planning in Wales, the response by AFA Cymru to this follow up Inquiry will focus on two distinct areas as opposed to answering the question directly.

- Recommendation 2 – Early Care Planning for Children
- Recommendation 15 – Training and upskilling the workforce

Recommendation 2- Early Care planning for Children (specifically concurrent planning and Fostering for Adopt(page 11))

This response is informed by Sarah Coldrick – Legal Advisor AFA Cymru and we hope that this will be helpful to the Committee.

We agree that initiatives to support early permanence can show very positive results in limiting delay

and securing better outcomes for children where adoption is the plan. However there are distinct differences between Concurrent Planning and Fostering for Adoption.

Concurrent planning has been in existence in the UK since the 1990's. Concurrent planning requires the identification and delivery of a detailed rehabilitation plan while the child is placed with carers who are approved for both foster carers and adopters.

Whilst rehabilitation is being explored and assessed, carers will work within the plan, supporting the rehabilitation if birth parents are successful in their assessments, or placement within the wider family. If the rehabilitation plan proves to be unsuccessful, the foster carer can go on to adopt the child if this becomes the plan at the conclusion of care proceedings and following the granting of a Placement Order. Within this planning process the uncertainty about the final outcome is borne by adult concurrent carers, instead of by the infant.

Typically concurrency is used in those cases for babies and very young children (aged 0 -2) where there is already a poor prognosis, for example where there are pre-birth factors such as drug and alcohol neo-natal addiction.

The present regulations for the approval of foster carers and adopters allow for children to be placed with concurrent carers. Following specific recruitment, carers could be dually approved under the existing AA(W) Regs 2005 and FS(W) REGS 2003. In view of the evidence from other parts of the UK about the positive outcomes for children placed within these arrangements, it is disappointing that no progress has been made in implementing concurrency arrangements in Wales.

Coram (2013) reported that the outcomes of 68% of children placed through concurrent planning were significantly enhanced than children placed at a later stage of their development. Recent figures collated by Cambridgeshire Local Authority indicate that 24% of all their adoptive placements have been made via the concurrency route.

Concurrency has much to commend it –

- Dual approval provides a cohort of carers who will be willing to actively work towards reunification until such a time as the court rules it out. These carers would be recruited, supported and trained to enable them to undertake this complex task.
- With adults managing the uncertainty about the final plan for permanence, infants are able to attach to carers with whom they can remain for a lifetime if they are not rehabilitated to their birth parent(s) or wider family. This is of real benefit for the emotional development and ongoing wellbeing.
- The Social Services and Well-being (Wales) Act 2014, has now established a regulatory framework for Fostering to Adopt. Within this framework prospective adoptive parents could be approached to consider Fostering for Adoption during the assessment (PAR) stages when they can feel quite vulnerable and the desire to become parents as quickly as possible subjectively can mitigate against any potential 'risks' of rehabilitation .
- As these placements can result in a child returning to birth families, it is imperative

carers within these projects understand completely the potential outcome of these arrangements.

- With proper resources, Concurrency projects ensure that carers have access to the intensive and specialist resources and support that they require to facilitate high levels of contact.
- Carers benefit from active peer support from other concurrency carers.

Fostering For Adoption (F4A) is a relatively new initiative that was introduced in England in 2013. Amendments have been made to the Children Act 1989 which **impose a duty on English Local Authorities** to **consider** placing a child within a F4A placement. Adopters can be approved as temporary foster carers under REG CPPCR 25A (2010) either when considering adoption (which could be at the start of care proceedings) or when satisfied that the child should be placed for adoption.

F4A may apply in one of following circumstances:

1. Parents have had one or more children placed for adoption or other forms of permanent placement and evidence strongly suggests that their circumstances have not changed
2. This is the first child – circumstances of parents and risks to child are such that there is no proactive plan to return child to birth family.
3. Parents have indicated that they may want child adopted but not formally consented.

The use of F4A has gathered real momentum in England since these changes and is enshrined in the Children and Family Act 2014. The Westminster Government has recently announced that it is to place a duty on Local Authorities to reveal how many children they place with adoptive families before the full care process is complete in order to encourage the use of F4A. This is much more aligned to the principles behind concurrency of placement at start of care proceedings.

Whilst there is provision for F4A in the Social Services and Well Being (Wales) Act 2014, the legislation in it's current form does not include a clause directing LA's to consider placing a child in a F4A placement if **considering** adoption.

Prior to placement in F4A placement, it is imperative that consideration is given regarding the decision to place. It is our view that statutory guidance is needed to ensure that good practice is upheld - in particular Article 8 of the European Convention on the Rights of the Child in respect of children and their birth family

If F4A is going to be an option for early permanence arrangements in Wales, the wording set out in S22 CA should be inserted into s81(10). In its present form s81 (10) is not workable due to the imposed timescales between SBPA/ panel recommendation and ADM decision prior to making the placement.

In its current form this provision provides little advantage to the child, both in respect of experiencing disruption from their foster carer, but critically in being placed as early as possible with a potential

forever family .

Please see diagram below which sets out the legal differences between Concurrency and F4A and the legal differences in F4A in England and Wales

CONCURRENT PLANNING AA(W) Regulations 2005 FS(W)Regulations 2003	FOSTERING FOR ADOPTION S81 (10)(11) SSWBA 2014 AA(W) Regulations 2005 R 25 CPPCR(W)Regulations 2015
Dual approved carers under both regulations	Approved prospective adopters (s81(1)(c))
Child placed with concurrent carers (as a foster placement) at start of care proceedings	Child placed with other short term foster carers at start of care proceedings
Care proceedings	Care proceedings
Should be placed for adoption decision	Should be placed for adoption decision (s81(10)(a))
Placement Order made (authority to place)	Matching panel recommendation and ADM decision S81(10)(a))
Matching panel recommendation and ADM decision	Carers are temporarily approved as foster carers (R 28)
Foster placement becomes adoptive placement	Child placed with F4A carers (as a foster placement)
	Placement Order made (authority to place)

Recommendation 15 –Training and Upskilling the Workforce

It is our belief that it is imperative that the knowledge base underpinning good permanency planning needs to be imbedded in both pre- and post- qualifying training. Student childcare social workers should be trained, and critically, **assessed** on their understanding of what children need to develop physically and emotionally healthy and secure relationships that are sustainable throughout life. This assessment should include consideration of their ability to assess this in practice. We believe that this should form part of their core skillset and should provide the bedrock of how we understand children's needs.

If there is not a sufficient emphasis on this during pre-qualifying training then we believe it is unlikely that newly qualified social workers will find time to develop these core skills once they start work in busy front line social work teams. We welcome the new CPEL framework led by the Care Council in respect of ongoing learning and professional development but this in itself is not sufficient to address the gap that could be left by an insufficient focus at the pre-qualifying stage.

We believe that work in the field of adoption cannot be seen in isolation from the broader spectrum of permanency care planning for children. This requirement for positive, nurturing and consistent care – a secure base –transcends legal status and should be understood by all childcare professionals.

It is absolutely critical that if we are to make effective, well evidenced and analytical decisions about children that the profession as a whole (we include health, education, mental health and the judiciary in this) has an in depth knowledge about Attachment Theory and child development. We all need to understand the consequences for children of poor early years experiences, and the impact of disrupting attachments and insecure attachments due to poor / inconsistent care by birth family members, and through moving children from one primary caregiver to another whilst being Looked After.

This understanding also needs to extend to all caregivers - foster carers, Special Guardians, kinship carers and adoptive parents. It also needs to be applied when children are rehabilitated home to their birth parents.

This was evidenced in Selwyn *et al* (2014) in Beyond the Adoption Order. This research clearly referenced a number of recommendations to improve training across the carer / child care workforce if we are to improve outcomes for children. They cited a poor knowledge base and understanding of attachment theory and child development as a contributory factor in adoption disruptions. If we lack knowledge about what children need this will absolutely

impact each stage of the child's journey – from making early care planning decisions through to living with temporary carers and on into permanency arrangements of all kinds.

The research also highlighted that we need to empower foster carers to love the children they care for, albeit on a temporary basis. The study highlighted a significant issue around foster carers having very little physical contact with infants – this was identified as a contributory factor to poor outcomes in later years. Hallet (Cascade, 2015) highlights professionals views that *“the lack of attention and physical displays of affection experienced by young people involved in social services”* had contributed to their vulnerability to Sexual Exploitation.

Finally we would recommend that pre-qualifying child care social have developed competence in communicating with children and ascertaining their wishes and feelings in meaningful ways.

Through consultations undertaken by NAS children and young people speak about the importance of services they receive being 'adoption sensitive' and 'adoption aware'. As Selwyn (2014) states adoption is a process not an outcome, and children need to be helped to understand what is happening in their life. This is consistent with other research findings over the years.

We have welcomed the progress made in raising awareness about Child to Parent Violence since the release of the research and the associated training programme that is being developed. However we believe this is too limited in scope and ambition if we are to upskill social workers to make good assessments, to provide appropriate support to all primary caregivers and to engage with children and young people.

We wish to draw attention to the wider findings of the report in terms of areas of work force development that were highlighted as being significant if outcomes are to be improved as outlined above and will welcome working with NAS to implement these recommendation.

We recognise the severe constraints on training budgets and understand that the priority that is rightly being given to upskilling the workforce on the Social Services and Well Being (Wales) Act 2014 Act.

However we are anxious that there is a risk if the focus of workforce development is too narrow. We believe that there are potential consequences of a poorly skilled workforce within adoption, and across the child care sector as a whole that will significantly impact on delivering the adoption reform agenda required to secure the outcomes we all want to see for all those affected by adoption.

We would therefore recommend that priority is also given to developing a comprehensive training suite of materials that can be consistently delivered across Wales –this training could include

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| <ul style="list-style-type: none">• Life Story Work• Telling Children Difficult Information• Preparing Children for Adoption• Secure Base• Child Development• Parenting Teenagers | |
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In order to develop competent and confident practitioners, these issues need to be robustly covered in both pre-qualifying and post-qualifying training.